

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

1165  
Do not use this space.

**FEB 12 1938**

1. PLACE OF DEATH  
(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008**  
(c) City **St. Louis Mo.** (d) Street No. **Deaconess Hosp.** Registered No. **1021**  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Opal W. Scheidt - 300**  
(a) Residence, No. **7370 Manchester Ave.** St. **Maplewood, Mo**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Emil C. Scheidt**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 7, 1906**  
7. AGE YEARS MONTHS DAYS IT/LESS than 1 day, ..... hrs. or ..... min.  
**31 4 18**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **at home**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis, Missouri** (STATE OR COUNTRY)

FATHER 13. NAME **John Tosh**

14. BIRTHPLACE (CITY OR TOWN) **Illinois** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Nellie Chord**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo** (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) **Emil C. Scheidt - 7370 Manchester Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Peter + Paul Cem.** DATE **1/28 38**

19. FUNERAL DIRECTOR (ADDRESS) **Croghan and Co. Inc. 7146 Manchester Ave.**

20. FILED **JAN 27 1938** **J. Bredeck** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/25 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 15, 1935**, to **Jan. 25, 1938**.  
I last saw him alive on **Jan. 24, 1938** Death is said to have occurred on the date stated above, at **6:30 a.m.**

The principal cause of death and related causes of importance were as follows:

**Generalized Peritonitis**  
**Cyst of right ovary non-malignant**  
**adhesions from old childbirth six years ago.**

Other contributory causes of importance:  
**Operation for removal of uterus**  
**attaches non-malignant from prepubertal**

Supra-normal Hysterectomy, bilateral Salpingectomy  
Name of operation as performed, & hospital, Date of **Jan 17, 1938**  
What test confirmed diagnosis? **Biopsy** Was there an autopsy? **no.**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **(no.)**  
If so, specify (Signed) **James F. May** M. D.  
(Address) **3720 Washington Blvd.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, M. J. Croghan, Licensed Embalmer No. 2622

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 2622

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**